



KINDER KICKERS FALL 2018/SPRING 2019 SOCCER REGISTRATION

CHILD'S NAME: _____ **CHILD'S DOB:** _____

AGE: ____ **CHILD'S SSN:** _____ **COPY OF BIRTH CERT PROVIDED? Y N**

MALE/FEMALE: ____ **CHILD'S YOUTH SHIRT SIZE:** XS (4) S (5/6) M (7/8) L (9/10) XL (12/14)

PARENT/GUARDIAN'S NAME: _____

PHONE #: _____

ADDRESS: _____

EMAIL: _____

PARENT/GUARDIAN'S NAME: _____

PHONE #: _____

ADDRESS: _____

EMAIL: _____

DID YOUR CHILD PLAY LAST SEASON? Y N

IF YES, WHICH TEAM? RED BLUE BLACK YELLOW GREEN ORANGE

FEES PAID \$65? CASH _____ **CHECK** _____

Consent for Medical Treatment (MINOR)

As the parent or guardian of the above-named player, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb and/or well-being of my dependent.

PARENT'S NAME PRINTED

SIGNATURE

DATE

Waiver of Liability

I, the parent/guardian of the registrant, a minor, hereby release, discharge and/or indemnify the Mansfield Liederkrantz, its affiliated organizations and facilities used for this program, against any claim on or on behalf of the registrant as a result of the registrant's participation in this program.

PARENT'S NAME PRINTED

SIGNATURE

DATE